- Emphasised the appropriateness of advance care planning conversations for people enrolled in Namaste care.

100% of participants would recommend this training to their colleagues.

Conclusion NCT has offered staff practical ways to enrich and improve experiences of living and dying, producing reported benefits for NCT participants and people with advanced dementia. Although there is an appetite for NCT in Scotland, currently there is limited availability. A more strategic approach is now required and is under discussion.

P-36 A COLLABORATIVE PROJECT TO IMPROVE THE CARE OF PATIENTS WITH END STAGE HEART FAILURE ACROSS SOMERSET

Ed Hayes, Kate Shorthose. *St Margaret's Hospice, Taunton, UK*

10.1136/spcare-2022-HUNC.58

Background This project was part of an Astra Zeneca pathway transformation programme aimed at improving the whole person approach to heart failure across Somerset. Research demonstrates that this patient group have significant unmet palliative care needs (Hospice UK, 2017).

Aims To explore and develop an equitable, supportive and palliative approach for people with heart failure that can be integrated into heart failure care (Sobanski, Alt-Epping, Currow, et al., 2020. Cardiovasc Res. 116: 12) in Somerset.

Methods A Task and Finish group was created with county-wide representation to ensure all organisations and potentially interested parties were involved. Time frames were agreed. There was scoping of what support and resources are available presently. Attendees were invited to contribute thoughts and ideas.

Two medical sessions per week were made available to support the project.

Objectives

1. Education: symptom control and advance care planning were identified as priorities (Hill, Prager Geller, Baruah, et al, 2020. Eur J Heart Fail. 22:2327); both for health care professionals and carers.
2. Improved integration across heart failure and palliative care teams.
3. Development of a county-wide guideline.
4. To consider if subcutaneous furosemide could be given to patients in the community; success with this has been reported elsewhere (Birch, Boam, Parsons, et al., 2021. BMJ Support Palliat Care.; Brown, Robson, Armstrong, et al., 2019. Future Healthc J. 6:19).

Progress so far:

- Education; sessions delivered to GPs, community and hospital nursing staff. A patient information leaflet is in progress.
- 'Mini-MDT' meetings have been set up on both sides of the county.
- Guideline document created and available to a range of healthcare professionals.
- Pilot subcutaneous furosemide project designed; scheduled to begin September 2022.

Conclusion By creating a Task and Finish Group with clear aims and engaged participation, much can be achieved within a specific timeframe. This project will enhance support for heart failure patients at the end of life and support integration of services across the county.

P-37 LEGACY IN ACTION – USING A LEGACY DONATION TO IMPROVE SUPPORT SERVICES FOR PEOPLE WITH MOTOR NEURONE DISEASE ACROSS WIRRAL AND ELLESMERE PORT

[1]Christine Sutcliffe, [2]Christopher Bennett, [3]Paula Sutton, [4]Debbie Williams Williams, [1]Liz Steare, [2]Tracey Thompson. [1]*Wirral Hospice St John's, Bebington, UK*; [2]*Motor Neurone Disease Association, UK*; [3]*Motor Neurone Disease Association, UK*; [4]*Motor Neurone Disease Association – Wirral Branch, UK*

10.1136/spcare-2022-HUNC.59

Background A legacy was received by the Wirral Branch of the Motor Neurone Disease Association to improve the experience of people with Motor Neurone Disease (pwMND) on Wirral. Challenges faced by pwMND are identified in the 2019 Motor Neurone Disease Association survey. As 50% of pwMND die within 2-3 years of developing symptoms (NHS Inform. Motor neurone disease [Internet]), the association approached Wirral Hospice St John's (WHSJ) to explore partnership working.

Aim To develop a needs based service to improve the care and support experienced by pwMND and their close social networks in Wirral and Ellesmere Port.

Method Focus groups facilitated by the Motor Neurone Disease Association with pwMND and their social care networks to identify areas for improvement. Review of the findings by the Wirral MND Association and Wirral Hospice St John's to develop a service model. Scoping identified in 3 years the hospice had supported 30 pwMND, approximately 50% of cases on Wirral.

Results Focus groups identified gaps:

- Support with understanding the condition and navigating care services.
- Psychological support from diagnosis to bereavement.
- Awareness of the condition amongst health and social care professionals.
- Poor coordination of services.

A two-year pilot project was funded by the legacy and delivered by Wirral Hospice St John's:

- A 15 hour MND key worker role.
- ½ day per week counselling service.
- Access to hospice bereavement service.
- Commissioning of an external evaluation to measure the impact and support further funding.

Conclusion Year 1. Key Worker has supported 40 people with Motor Neurone Disease, 8 people have accessed counselling, reduced time from diagnosis to support. There has been an increase in people with Motor Neurone Disease accessing a range of hospice services and completing advance care planning. Seven people with Motor Neurone Disease have died whilst being supported. The Keyworker chairs and coordinates regular meetings of health and social care professionals and has engaged in advocacy and education within the local teaching hospital. Referral pathways between the Wirral MND Association and the Key Worker to enable effective referrals and coordinated support.

BMJ Support Palliat Care: first published as 10.1136/spcare-2022-HUNC.59 on 19 November 2022. Downloaded from http://spcare.bmj.com/ on February 22, 2024 by guest. Protected by copyright.